



Office of Employer and Member Health Services
P.O. Box 942714
Sacramento, CA 94229-2714
(888) CalPERS (225-7377)
TDD - (916) 795-3240
FAX (916) 795-1277

AFFIDAVIT OF ELIGIBILITY FOR ECONOMICALLY DEPENDENT CHILDREN

The Public Employees' Medical and Hospital Care Act (PEMHCA) and regulations allow for the enrollment of a child (other than natural, adopted, or step-child) in the CalPERS-sponsored health plan when the employee or annuitant has a "parent-child relationship" with the child and the child is economically dependent on the employee or annuitant. The child must never have been married and must be under the age of 23 (except for certain disabled dependents). Generally, the parent-child relationship exists when either:

- The employee or annuitant has legal custody or joint legal custody of the child; or
- The child resides with the employee or annuitant (generally in the absence of the natural or adoptive parent) and is economically dependent upon the employee or annuitant; or

Employee / Annuitant Information:

Name:	Social Security Number:
Date Acquired Dependent:	

Dependent Information:

Name:	Social Security Number:
Date of Birth: / /	Relationship to Employee/ Annuitant

Certify by checking the appropriate box:

- ☐ I have been granted legal custody or joint legal custody of the dependent named above. A copy of the Court Order is attached.
- ☐ I have a parent-child relationship with the dependent named above, who resides with me and is economically dependent upon me and whose natural or adoptive parent:
- ☐ Does not live in my household
- ☐ Lives in my household, but cannot fulfill parental responsibilities

I recognize that this affidavit is a legally binding document and accept full responsibility for notifying my Personnel Office or CalPERS immediately if there are any changes pertaining to this child's status as my dependent. I agree to provide supporting documentation, such as, but not limited to, court records, birth certificate, proof of school registration, tax returns, statement of financial liability, or any other documents, when requested by my employer (or CalPERS) as long as the child is enrolled as my dependent. I understand that if I request to enroll additional miscellaneous children, certification of all existing miscellaneous children is required. I hereby certify, under penalty of perjury, that the information provided by me is true and correct to the best of my knowledge.

Employee / Annuitant Signature

Date

Employer's Signature

Date Received in Employing Office